



Long Island WTC Health Program

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Geography

- Nassau and Suffolk counties
 - 1,200 square miles, suburban
 - Goal: Accessible and Convenient Options
 - 2 Clinical Centers on in each county
 - **Islandia**, Suffolk County: Central hub for the Long Island Clinical Center of Excellence. Affiliated with Stony Brook Medical Center.
 - **Garden City**, Nassau County: Affiliated with Winthrop University Hospital.
- **Brooklyn**- New clinic to open at SUNY- Downstate Medical Center.



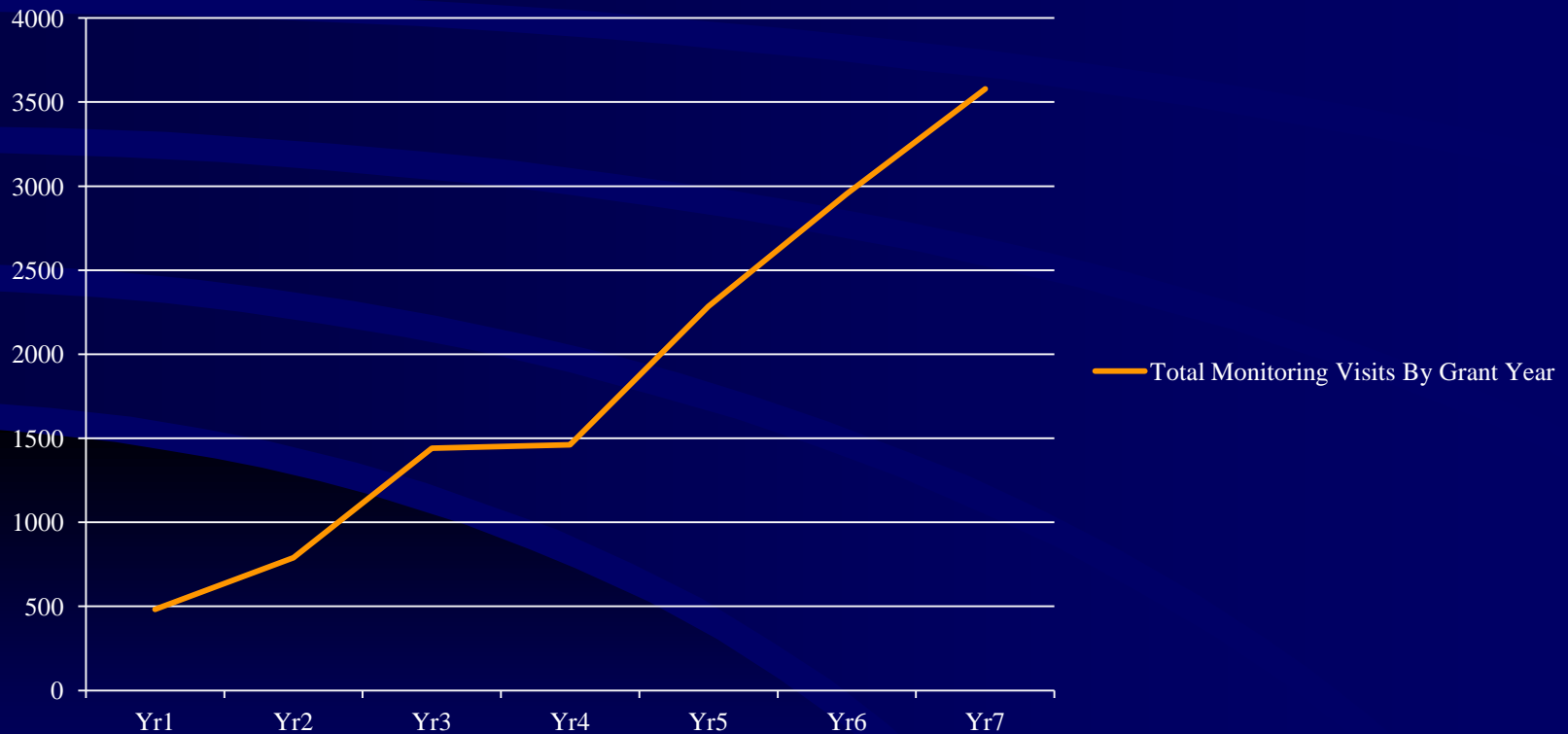
Long Island Clinical Center of Excellence (Nassau and Suffolk)

- Cohort size is 6,205 responders.
- By the end of Year 7, our retention rate was in the range of 78-83% for all follow-up visits.
- Enrolled in Treatment Program ~ 2,900 active patients (seen past 12 months) and ~ 4,200 ever enrolled.
- 50% traditional 1st responder.
- 50% non-traditional responder (construction and various trades).



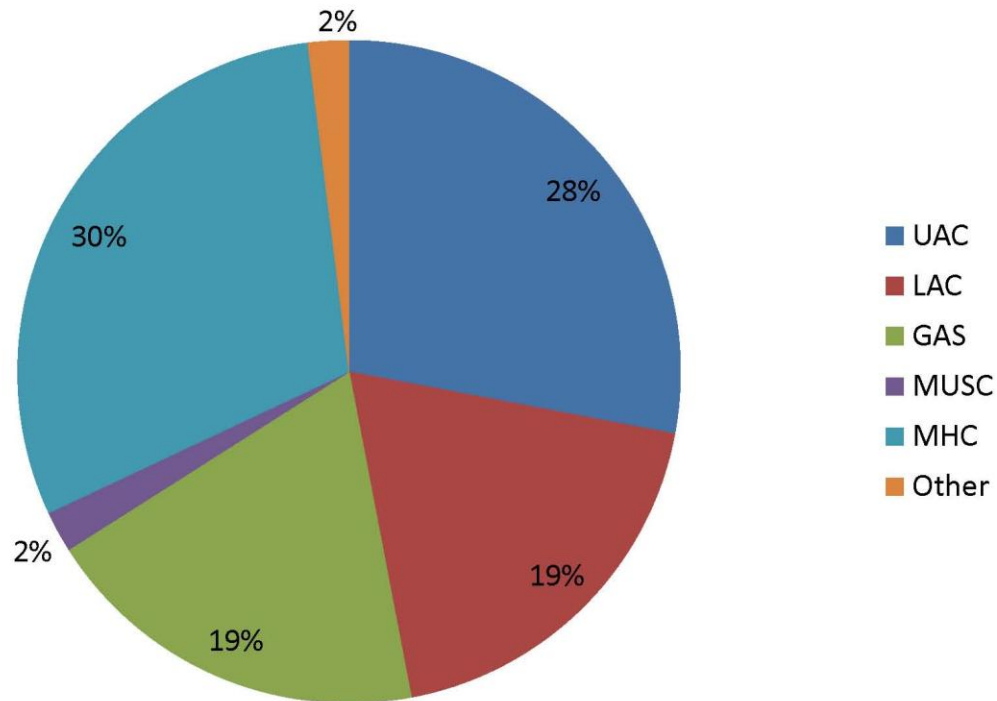
Growth of LI Clinic over 7 Years

Total Monitoring Visits By Grant Year



Long Island Treatment Program

Distribution of 2010 Treatment Services by Main Condition Categories





Collaborative Care Treatment Model

- **Description:** Stepped care approach integrates providers (internists, clinical social workers and specialists) and care across illness and health domains, for example, management of pulmonary disease that is comorbid with PTSD.
- **Result:**
 - Cost-effective
 - Comprehensive
 - Better management of complex cases
 - Increase adherence
 - Overcame barriers to treatment:
 - Personal Barriers
 - Provider Lack of Availability
 - Financial Barriers
 - Geographic Barriers

Exposure, Probable PTSD, and Lower Respiratory Illness among World Trade Center Rescue, Recovery, and Clean-up Workers

Luft et al. (in press). *Psychological Medicine*.

- Physical illness and PTSD have been linked in various populations.
- 8,508 police and 12,333 non-traditional responders examined at the WTC Health Program
- PTSD and respiratory symptoms were correlated ($r = 0.28$). PTSD statistically **mediated** the association of WTC exposures with respiratory symptoms.
- The link between PTSD and respiratory symptoms is notable, supports integrated medical and psychiatric treatment for disaster responders.

“Burden of mental-physical comorbidity”

E. Bromet, R. Kotov, B. Luft

- Identify mechanisms responsible for the comorbidity
 - Psychiatric: PTSD, anxiety, depression
 - Medical: lower respiratory symptoms, asthma, abnormal lung function, GERD, hypertension
- Telephone interviews with 5,000 patients from all of the clinics
 - Quality of life, health risk perceptions, and PTSD diagnosis
- Compare outcomes at Islandia, which provides integrated medical and psychiatric care, with other patients receiving “usual” care
 - Control for Visit 1 demographic and illness characteristics

“Enhanced smoking cessation intervention”

R. Kotov, E. Bromet, B. Luft

- Key risk factors to pulmonary problems: smoking & PTSD
- PTSD makes quitting more difficult, enhanced treatment (smoking cessation + psychotherapy) is needed
- Study will compare, in a randomized clinical trial, the effect of **enhanced treatment vs. standard treatment** on
 1. Abstinence from tobacco
 2. PTSD symptoms
 3. Respiratory symptoms
- 100 smokers with PTSD symptoms will be randomized
- Develop a powerful new intervention for a difficult to treat group of WTC responders



WTC Oral History Project

- **Description:** High-definition video interviews of WTC responders about their personal experiences and its impact 10 years later.
- **Purpose:**
 - Document the human perspective of the WTC disaster.
 - Focus on personal stories from the Responder perspective.
 - Highlight their motivations, values, struggles and resiliency.
 - Expand our knowledge about the disaster beyond the medical effects.
 - Develop a resource for future generations to learn about 9/11.
- Library of Congress will provide a permanent home in the American Folklife Center.